

**PERSONAL FINANCIAL STATEMENT****FORM PFS  
COVER SHEET**

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2005, covering calendar year ending December 31, 2004.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

TOTAL NUMBER OF PAGES FILED:

ACCOUNT #

37510

1 NAME

TITLE: FIRST: MI

Ms. C. Joan

NICKNAME: LAST, SUFFIX

Huffman

OFFICE USE ONLY

Date Received

**RECEIVED**

MAY 03 2005

**Texas Ethics Commission**

Receipt #

HD PM

Amount

Date Processed

**PROCESSED MAY 04 2005**

Date Imaged

2 ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY, STATE, ZIP CODE

1201 Franklin, 18th floor  
Houston, Texas 770023 TELEPHONE  
NUMBER

AREA CODE

PHONE NUMBER: EXTENSION

(713) 755 6354

4 REASON  
FOR FILING  
STATEMENT☐ CANDIDATE \_\_\_\_\_ (INDICATE OFFICE)☒ ELECTED OFFICER Judge 183rd District Court (INDICATE OFFICE)☐ APPOINTED OFFICER \_\_\_\_\_ (INDICATE AGENCY)☐ EXECUTIVE HEAD \_\_\_\_\_ (INDICATE AGENCY)☐ FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT☐ STATE PARTY CHAIR \_\_\_\_\_ (INDICATE PARTY)☐ OTHER \_\_\_\_\_ (INDICATE POSITION)

5 Family members whose financial activity you are reporting (filer must report information about the financial activity of the filer's spouse or dependent children if the filer had actual control over that activity):

SPOUSE \_\_\_\_\_

DEPENDENT CHILD 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

In Parts 1 through 19, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child if you had actual control over that person's financial activity.

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**SOURCES OF OCCUPATIONAL INCOME****PART 1A**☒ NOT APPLICABLE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> EMPLOYMENT  <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER    <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD  <i>State of Texas Austin, Texas</i>    NATURE OF OCCUPATION  <i>Judge</i>
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER    <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD          NATURE OF OCCUPATION
INFORMATION RELATES TO	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
EMPLOYMENT  <input type="checkbox"/> EMPLOYED BY ANOTHER    <input type="checkbox"/> SELF-EMPLOYED	NAME AND ADDRESS OF EMPLOYER / POSITION HELD          NATURE OF OCCUPATION

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**RETAINERS****PART 1B**☐ NOT APPLICABLE*N/A*

This section concerns fees received as a retainer by you, your spouse, or a dependent child (or by a business in which you, your spouse, or a dependent child have a "substantial interest") for a claim on future services in case of need, rather than for services on a matter specified at the time of contracting for or receiving the fee. Report information here only if the value of the work actually performed during the calendar year did not equal or exceed the value of the retainer. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FEE RECEIVED FROM	NAME AND ADDRESS
2 FEE RECEIVED BY	NAME OF BUSINESS  <input type="checkbox"/> FILER OR FILER'S BUSINESS _____  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
3 FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
FEE RECEIVED FROM	NAME AND ADDRESS
FEE RECEIVED BY	NAME OF BUSINESS  <input type="checkbox"/> FILER OR FILER'S BUSINESS _____  <input type="checkbox"/> SPOUSE OR SPOUSE'S BUSINESS _____  <input type="checkbox"/> DEPENDENT CHILD _____ OR CHILD'S BUSINESS _____
FEE AMOUNT	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**STOCK****PART 2**☐ NOTAPPLICABLE

N/A

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 BUSINESS ENTITY</b>	NAME			
<b>2 STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3 NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4 IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<hr/>				
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<hr/>				
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<hr/>				
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		
<hr/>				
<b>BUSINESS ENTITY</b>	NAME			
<b>STOCK HELD OR ACQUIRED BY</b>	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>NUMBER OF SHARES</b>	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>IF SOLD</b>	<input type="checkbox"/> NET GAIN	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999
	<input type="checkbox"/> NET LOSS	<input type="checkbox"/> \$25,000--OR MORE		

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**BONDS, NOTES & OTHER COMMERCIAL PAPER****PART 3**☐ NOT APPLICABLE

N/A

List all bonds, notes, and other commercial paper held or acquired by you, your spouse, or a dependent child during the calendar year. If sold, indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

**1**  
DESCRIPTION  
OF INSTRUMENT**2**  
HELD OR ACQUIRED BY☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_**3**  
IF SOLD☐ NET GAIN☐ LESS THAN \$5,000☐ \$5,000--\$9,999☐ \$10,000--\$24,999☐ \$25,000--OR MORE☐ NET LOSSDESCRIPTION  
OF INSTRUMENT

HELD OR ACQUIRED BY

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

IF SOLD

☐ NET GAIN☐ LESS THAN \$5,000☐ \$5,000--\$9,999☐ \$10,000--\$24,999☐ \$25,000--OR MORE☐ NET LOSSDESCRIPTION  
OF INSTRUMENT

HELD OR ACQUIRED BY

☐ FILER☐ SPOUSE☐ DEPENDENT CHILD \_\_\_\_\_

IF SOLD

☐ NET GAIN☐ LESS THAN \$5,000☐ \$5,000--\$9,999☐ \$10,000--\$24,999☐ \$25,000--OR MORE☐ NET LOSS**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**MUTUAL FUNDS****PART 4**

N/A

☐ NOT APPLICABLE

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> MUTUAL FUND	NAME			
<b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
<b>4</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE
MUTUAL FUND	NAME			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 TO 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999	<input type="checkbox"/> \$25,000--OR MORE

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS****PART 5**☐ NOT APPLICABLE

N/A

List each source of income you, your spouse, or a dependent child received *in excess of \$500* that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE OF INCOME	NAME AND ADDRESS
<b>2</b> RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
SOURCE OF INCOME	NAME AND ADDRESS
RECEIVED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
AMOUNT	<input type="checkbox"/> \$500--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**PERSONAL NOTES AND LEASE AGREEMENTS****PART 6**☐ NOT APPLICABLE

N/A

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of *more than \$1,000* in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PPS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
<b>2</b> LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> GUARANTOR	
<b>4</b> AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	
LIABILITY OF	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	
AMOUNT	<input type="checkbox"/> \$1,000--\$4,999 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**INTERESTS IN REAL PROPERTY****PART 7A**☐ NOT APPLICABLE

N/A

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2</b> STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
<b>3</b> DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
<b>4</b> NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
<b>5</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE
DESCRIPTION <input type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED
NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTERESTS IN BUSINESS ENTITIES****PART 7B**☐ NOT APPLICABLE

N/A

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<sup>2</sup> DESCRIPTION	NAME AND ADDRESS
<sup>3</sup> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**GIFTS****PART 8**☐ NOT APPLICABLE

N/A

Identify any person or organization that has given a gift *worth more than \$250* to you, your spouse, or a dependent child, and describe the gift. Do not include: 1) expenditures required to be reported by a person required to be registered as a lobbyist under chapter 305 of the Government Code; 2) political contributions reported as required by law; or 3) gifts given by a person related to the recipient within the second degree by consanguinity or affinity. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> DONOR	NAME AND ADDRESS
<b>2</b> RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
DONOR	NAME AND ADDRESS
RECIPIENT	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION OF GIFT	
COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY	

**TRUST INCOME****PART 9**☐ NOT APPLICABLE

N/A

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received *more than \$500* in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> SOURCE	NAME OF TRUST
<b>2</b> BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>3</b> INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
<b>4</b> ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN	
SOURCE	NAME OF TRUST
BENEFICIARY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
INCOME	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
ASSETS FROM WHICH OVER \$500 WAS RECEIVED  <input type="checkbox"/> UNKNOWN	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**BLIND TRUSTS****PART 10A**

N/A

☐ NOT APPLICABLE

Identify each blind trust that complies with section 572.023(c) of the Government Code. See FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1	NAME OF TRUST			
2	TRUSTEE	NAME AND ADDRESS		
3	BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
4	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
5	DATE CREATED			
<hr/>				
	NAME OF TRUST			
	TRUSTEE	NAME AND ADDRESS		
	BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
	DATE CREATED			
<hr/>				
	NAME OF TRUST			
	TRUSTEE	NAME AND ADDRESS		
	BENEFICIARY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
	FAIR MARKET VALUE	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000--\$9,999	<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
	DATE CREATED			
<hr/>				
<b>COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY</b>				

**TRUSTEE STATEMENT****PART 10B**☐ NOT APPLICABLE

An individual who is required to identify a blind trust on Part 10A of the Personal Financial Statement must submit a statement signed by the trustee of each blind trust listed on Part 10A. The portions of section 572.023 of the Government Code that relate to blind trusts are listed below.

1 NAME OF TRUST	
2 TRUSTEE NAME	
3 FILER ON WHOSE BEHALF STATEMENT IS BEING FILED	NAME
4 TRUSTEE STATEMENT	<p>I affirm, under penalty of perjury, that I have not revealed any information to the beneficiary of this trust except information that may be disclosed under section 572.023 (b)(8) of the Government Code and that to the best of my knowledge, the trust complies with section 572.023 of the Government Code.</p> <p style="text-align: right;">_____ Trustee Signature</p>

**§ 572.023. Contents of Financial Statement in General**

(b) The account of financial activity consists of:

(8) identification of the source and the category of the amount of all income received as beneficiary of a trust, other than a blind trust that complies with Subsection (c), and identification of each trust asset, if known to the beneficiary, from which income was received by the beneficiary in excess of \$500;

(14) identification of each blind trust that complies with Subsection (c), including:

(A) the category of the fair market value of the trust;

(B) the date the trust was created;

(C) the name and address of the trustee; and

(D) a statement signed by the trustee, under penalty of perjury, stating that:

(i) the trustee has not revealed any information to the individual, except information that may be disclosed under Subdivision (8); and

(ii) to the best of the trustee's knowledge, the trust complies with this section.

(c) For purposes of Subsections (b)(8) and (14), a blind trust is a trust as to which:

(1) the trustee:

(A) is a disinterested party;

(B) is not the individual;

(C) is not required to register as a lobbyist under Chapter 305;

(D) is not a public officer or public employee; and

(E) was not appointed to public office by the individual or by a public officer or public employee the individual supervises; and

(2) the trustee has complete discretion to manage the trust, including the power to dispose of and acquire trust assets without consulting or notifying the individual.

(d) If a blind trust under Subsection (c) is revoked while the individual is subject to this subchapter, the individual must file an amendment to the individual's most recent financial statement, disclosing the date of revocation and the previously unreported value by category of each asset and the income derived from each asset.

**ASSETS OF BUSINESS ASSOCIATIONS****PART 11A**☐ NOTAPPLICABLE

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> BUSINESS ASSOCIATION	NAME AND ADDRESS	
<b>2</b> BUSINESS TYPE		
<b>3</b> HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>4</b> ASSETS	DESCRIPTION	CATEGORY
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**LIABILITIES OF BUSINESS ASSOCIATIONS**

N/A

**PART 11B**☐ NOT APPLICABLE

Describe all liabilities of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS-INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> BUSINESS ASSOCIATION	NAME AND ADDRESS	
<b>2</b> BUSINESS TYPE		
<b>3</b> HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>4</b> LIABILITIES	DESCRIPTION	CATEGORY
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
		<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999
		<input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**



**BOARDS AND EXECUTIVE POSITIONS****PART 12**☐ NOT APPLICABLE

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<sup>1</sup> ORGANIZATION			
<sup>2</sup> POSITION HELD			
<sup>3</sup> POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION			
POSITION HELD			
POSITION HELD BY	<input type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION****PART 13**☐ NOT APPLICABLE

N/A

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS-INSTRUCTION GUIDE.

<sup>1</sup> PROVIDER	NAME AND ADDRESS
<sup>2</sup> AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	
PROVIDER	NAME AND ADDRESS
AMOUNT	

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**INTEREST IN BUSINESS IN COMMON WITH LOBBYIST****PART 14**☐ NOT APPLICABLE

N/A

Identify each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association, other than a publicly-held corporation, in which you, your spouse, or a dependent child, and a person registered as a lobbyist under chapter 305 of the Government Code that both have an interest. For more information, see FORM PFS-INSTRUCTION GUIDE.

<b>1</b> BUSINESS ENTITY	NAME AND ADDRESS
<b>2</b> INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
BUSINESS ENTITY	NAME AND ADDRESS
INTEREST HELD BY	<input type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**FEES RECEIVED FOR SERVICES RENDERED  
TO A LOBBYIST OR LOBBYIST'S EMPLOYER****PART 15**☐ NOT APPLICABLE

N/A

Report any fee you received for providing services to or on behalf of a person required to be registered as a lobbyist under chapter 305 of the Government Code, or for providing services to or on behalf of a person you actually know directly compensates or reimburses a person required to be registered as a lobbyist. Report the name of each person or entity for which the services were provided, and indicate the category of the amount of each fee. For more information, see FORM PFS--INSTRUCTION GUIDE.

<sup>1</sup> PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

<sup>2</sup> FEE CATEGORY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

PERSON OR ENTITY  
FOR WHOM SERVICES  
WERE PROVIDED

FEE CATEGORY

☐ LESS THAN \$5,000 ☐ \$5,000--\$9,999 ☐ \$10,000--\$24,999 ☐ \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**REPRESENTATION BY LEGISLATOR BEFORE  
STATE AGENCY****PART 16**☐ NOT APPLICABLE

N/A

*This section applies only to members of the Texas Legislature. A member of the Texas Legislature who represents a person for compensation before a state agency in the executive branch must provide the name of the agency, the name of the person represented, and the category of the amount of the fee received for the representation. For more information, see FORM PFS--INSTRUCTION GUIDE.*

**Note:** Beginning September 1, 2003, legislators may not, for compensation, represent another person before a state agency in the executive branch. The prohibition does not apply if: (1) the representation is pursuant to an attorney/client relationship in a criminal law matter; (2) the representation involves the filing of documents that involve only ministerial acts on the part of the agency; or (3) the representation is in regard to a matter for which the legislator was hired before September 1, 2003.

<sup>1</sup> STATE AGENCY	
<sup>2</sup> PERSON REPRESENTED	
<sup>3</sup> FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE
STATE AGENCY	
PERSON REPRESENTED	
FEE CATEGORY	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000--\$9,999 <input type="checkbox"/> \$10,000--\$24,999 <input type="checkbox"/> \$25,000--OR MORE

**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

# BENEFITS DERIVED FROM FUNCTIONS HONORING PUBLIC SERVANT

PART 17

☐ NOT APPLICABLE

N/A

Section 36.10 of the Penal Code provides that the gift prohibitions set out in section 36.08 of the Penal Code do not apply to a benefit derived from a function in honor or appreciation of a public servant required to file a statement under chapter 572 of the Government Code or title 15 of the Election Code if the benefit and the source of any benefit over \$50 in value are: 1) reported in the statement and 2) the benefit is used solely to defray expenses that accrue in the performance of duties or activities in connection with the office which are nonreimbursable by the state or a political subdivision. If such a benefit is received and is not reported by the public servant under title 15 of the Election Code, the benefit is reportable here. For more information, see FORM PFS--INSTRUCTION GUIDE.

1	SOURCE OF BENEFIT	NAME AND ADDRESS
2	BENEFIT	
	SOURCE OF BENEFIT	NAME AND ADDRESS
	BENEFIT	
	SOURCE OF BENEFIT	NAME AND ADDRESS
	BENEFIT	
	SOURCE OF BENEFIT	NAME AND ADDRESS
	BENEFIT	

COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

**LEGISLATIVE CONTINUANCES****PART 18**☐ NOT APPLICABLE

N/A

Identify any legislative continuance that you have applied for or obtained under section 30.003 of the Civil Practice and Remedies Code, or under another law or rule that requires or permits a court to grant continuances on the grounds that an attorney for a party is a member or member-elect of the legislature.

<sup>1</sup> NAME OF PARTY  
REPRESENTED

<sup>2</sup> DATE RETAINED

<sup>3</sup> STYLE, CAUSE NUMBER,  
COURT & JURISDICTION

<sup>4</sup> DATE OF CONTINUANCE  
APPLICATION

<sup>5</sup> WAS CONTINUANCE  
GRANTED?

☐ YES☐ NO

NAME OF PARTY  
REPRESENTED

DATE RETAINED

STYLE, CAUSE NUMBER,  
COURT, & JURISDICTION

DATE OF CONTINUANCE  
APPLICATION

WAS CONTINUANCE  
GRANTED?

☐ YES☐ NO**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

**REFERRALS****PART 19**☐ NOT APPLICABLE

N/A

A state officer who is also an attorney must report making or receiving any referral for compensation for legal services and the category of the amount of the fee. For more information, see FORM PFS-INSTRUCTION GUIDE.

**1** SOURCE**2** CHECK ONE☐ RECEIVED REFERRAL☐ LESS THAN \$5,000☐ AT LEAST \$10,000, BUT LESS THAN \$25,000☐ MADE REFERRAL☐ AT LEAST \$5,000, BUT LESS THAN \$10,000☐ \$25,000 OR MORE

SOURCE

CHECK ONE

☐ RECEIVED REFERRAL☐ LESS THAN \$5,000☐ AT LEAST \$10,000, BUT LESS THAN \$25,000☐ MADE REFERRAL☐ AT LEAST \$5,000, BUT LESS THAN \$10,000☐ \$25,000 OR MORE

SOURCE

CHECK ONE

☐ RECEIVED REFERRAL☐ LESS THAN \$5,000☐ AT LEAST \$10,000, BUT LESS THAN \$25,000☐ MADE REFERRAL☐ AT LEAST \$5,000, BUT LESS THAN \$10,000☐ \$25,000 OR MORE

SOURCE

CHECK ONE

☐ RECEIVED REFERRAL☐ LESS THAN \$5,000☐ AT LEAST \$10,000, BUT LESS THAN \$25,000☐ MADE REFERRAL☐ AT LEAST \$5,000, BUT LESS THAN \$10,000☐ \$25,000 OR MORE**COPY AND ATTACH ADDITIONAL PAGES AS NECESSARY**

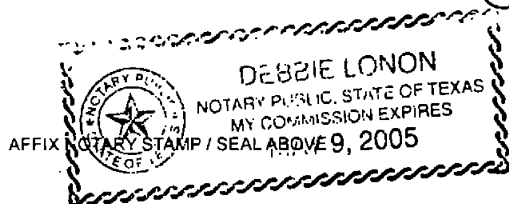


**PERSONAL FINANCIAL STATEMENT AFFIDAVIT**

The law requires the personal financial statement to be verified. The verification page must have the signature of the individual required to file the personal financial statement, as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations. Without proper verification, the statement is not considered filed.

I swear, or affirm, that my financial statement is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

*C. G. Huffman*  
Signature of Filer



Sworn to and subscribed before me, by the said *C. G. Huffman*, this the *28<sup>th</sup>* day of *April*, 20*05*, to certify which, witness my hand and seal of office.

*Debbie Lonon*  
Signature of officer administering oath

DEBBIE LONON  
Print name of officer administering oath

*Secretary*  
Title of officer administering oath